## Case 19-11701-mdc Doc 53 Filed 04/08/20 Entered 04/08/20 10:47:56 Desc Main Document Page 1 of 2

G	ill in t <u>his inforn</u>	nation to	identify your case:							
	Debtor 1	Trina	S.	Upchurch						
		First Name	Middle Name	Last Name		Che	eck if this is:			
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		—   <u>v</u>	An amended filing			
				IST. OF PENNSYL	/ANIA		A supplement showing postpetition			
	United States Bankı Case number	. ,	1MDC13	ST. OF FERNISTEVANIA			chapter 13 income as of the following date			
	(if known)	10 1110	11112010				MM / DD / YYYY			
Of	ficial Form 10	)6I								
Sc	hedule I: Yo	ur Inco	me				12/15			
res inc abo you	ponsible for supply lude information al out your spouse. If ur name and case r	ying correct bout your s more space	t information. If you are pouse. If you are separter is needed, attach a section of the community of the com	e married and not fili ated and your spous eparate sheet to this	ng jointly se is not	y, and your filing with y	I Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write			
1.			- <b>,</b>							
١.	Fill in your employment information.			Debtor 1			Debtor 2 or non-filing spouse			
	If you have more to job, attach a sepa		Employment status	✓ Employed			☐ Employed			
	with information abo	bout		☐ Not employed			☐ Not employed			
		ers.	Occupation	Cashier			_			
	Include part-time,			_						
	or self-employed v	vork.	Employer's name	Septa			_			
	Occupation may in		Employer's address	1234 Market St FI 9						
	student or homemaker, if it applies.			Number Street			Number Street			
							-			
				Philadelphia	PA	19107				
				City	State	Zip Code	City State Zip Code			
			How long employed t	here? 10 Years						
Р	art 2: Give D	Details Ab	oout Monthly Incom	e						
Est	imate monthly inco	ome as of t	he date you file this forr	n. If you have nothing	to repor	t for any line	e, write \$0 in the space. Include your			
	n-filing spouse unles			,	,	•	•			
-		•	ve more than one employ parate sheet to this form.	er, combine the inforn	nation for	all employe	rs for that person on the lines below. If			
					For I	Debtor 1	For Debtor 2 or non-filing spouse			
2.			salary, and commission d monthly, calculate what		<u> </u>	\$2,400.00	. <u></u>			
3	Estimate and list	monthly o	vertime nav	2		\$0.00				

Official Form 106l Schedule I: Your Income page 1

Calculate gross income. Add line 2 + line 3.

\$2,400.00

Deb	btor 1 Trina S. Upchurch		Case nur	nber (if know	n) <b>19-1</b>	1701MDC13			
			For Debtor 1	For Debto		_			
	Copy line 4 here		\$2,400.00						
5.	List all payroll deductions:								
	5a. Tax, Medicare, and Social Security deductions	5a.	\$540.00						
	5b. Mandatory contributions for retirement plans	5b.	\$217.00						
	5c. Voluntary contributions for retirement plans	5c.	\$0.00						
	5d. Required repayments of retirement fund loans	5d.	\$0.00						
	5e. Insurance	5e.	<u>\$78.00</u>						
	5f. Domestic support obligations	5f.	\$0.00						
	5g. Union dues	5g.	\$58.00						
	5h. Other deductions. Specify:	5h.•	÷\$0.00						
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f - 5g + 5h$ .	+ 6.	\$893.00						
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.		\$1,507.00						
8.	List all other income regularly received:								
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00						
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.								
	8b. Interest and dividends	8b.	\$0.00						
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.								
	8d. Unemployment compensation	8d.	\$2,083.00						
	8e. Social Security	8e.	\$0.00						
	8f. Other government assistance that you regularly receive								
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
	Specify:		\$0.00						
			\$0.00						
	8h. Other monthly income. Specify:	8g. 8h.	÷ \$0.00						
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.		\$2,083.00						
	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse			+	]=	\$3,590.00			
11.	<ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.     </li> </ol>								
	Do not include any amounts already included in lines 2-10 or amounts to	ed in Sch	edule J.						
	Specify:				11.	\$0.00			
12.	Add the amount in the last column of line 10 to the amount in line 1 income. Write that amount on the Summary of Your Assets and Liabilit	12.	\$3,590.00						
	if it applies.		Combined monthly income						
13.	Do you expect an increase or decrease within the year after you file	e this fo	rm?						
	✓ No. None.  Yes. Explain:								